



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 8932

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|---|---|--|--|--|-----------------------------------|--|
| 08/627,386 | 04/04/1996 | 349 | 2871 | MERCK-1753-D | | |
| RULE 1.60 | | | | | | |
| APPLICANTS GUNTER BAUR, FREIBURG, GERMANY; WALTRAUD FEHRENBACH, MUNCHEN, GERMANY; BARBARA W. NE STAUDACHER, ETTENHEIM, GERMANY; FRIEDRICH WINDSCHEID, FREIBURG-TIENGE, GERMANY; RUDOLF KIEFER, VORSTETTEN, GERMANY; | | | | | | |
| ** CONTINUING DATA ***** This application is a DIV of 08/466,068 06/06/1995 PAT 5,576,867 which is a CON of 08/363,968 12/23/1994 ABN which is a CON of 07/877,187 08/06/1992 ABN | | | | | | |
| ** FOREIGN APPLICATIONS ***** GERMANY P400045.1 01/09/1990 | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** | | | | | | |
| Foreign Priority claimed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY GERMANY | SHEETS DRAWINGS 8 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 1 |
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Verified and | /ANDREW SCHECHTER/ Examiner's Signature | | | | | |
| Acknowledged | Initials | | | | | |
| ADDRESS | | | | | | |
| MILLEN, WHITE, ZELANO & BRANIGAN, P.C. 2200 CLARENDON BLVD. SUITE 1400 ARLINGTON, VA 22201 UNITED STATES | | | | | | |
| TITLE | | | | | | |
| LC DISPLAY DEVICE WITH PARALLEL FIELD COMPONENT | | | | | | |
| FILING FEE RECEIVED 5268 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
| | | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
| | | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
| | | | | <input type="checkbox"/> 1.18 Fees (Issue) | | |
| | | | | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Credit | | | | | | |